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Acting Director and Chief Medical Officer

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COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES  
313 N. Figueroa, Los Angeles, CA 90012  
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**BOARD OF SUPERVISORS**

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First District

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February 2, 2006

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT  
(ALL DISTRICTS AFFECTED - 3 VOTES)**

**IT IS RECOMMENDED THAT YOUR BOARD:**

Authorize the Director of Health Services or his designee to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code, for the following individual account for patients who received medical care at non-County facilities under the Trauma Center Service Agreement:

(1)	Account Number EMS 23	\$28,300
(2)	Account Number EMS 27	\$20,000
(3)	Account Number EMS 37	\$14,399
(4)	Account Number EMS 36	\$12,089
(5)	Account Number EMS 33	\$1,960

**PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION:**

The compromise offers of settlement for patient accounts (1) – (5) are recommended because the patients are unable to pay the full amount of charges and the compromise offers represent the maximum amount the Department will be able to receive under the tort settlements involved in these cases. In all cases, the County will recover at least the amount paid to the provider from the Los Angeles County Trauma Fund.

The County has entered in a number of agreements with non-County medical facilities under which it pays for trauma care provided to eligible indigent patients at those facilities.

This agreement allows the County, after it has made payment for a particular patient, to pursue recovery from third parties, who are financially responsible for such trauma care. The best interests of the County would be served by the approval of these compromises since it will enable DHS to maximize net recovery on these accounts.

**Implementation of Strategic Plan Goal:**

The recommended action will satisfy County Strategic Plan Goal #4, Fiscal Responsibility.

**FISCAL IMPACT/FINANCING:**

This will expedite the County's recovery of trauma funds totaling approximately \$76,748.

**FACTS AND PROVISIONS/LEGAL REQUIREMENTS:**

On January 8, 2002 the Board approved an ordinance granting the Director of Health Services (Director) authority to reduce patient account liabilities when it is in the best interest of the County to do so. The ordinance was adopted by the Board on January 15, 2002.

On November 1, 2005, the Board approved a revised ordinance granting the Director authority to reduce, on an account specific basis, the amount of any liability owed to the County which relates to medical care provided by third parties for which the County is contractually obligated to pay, and related to which the County has subrogation or reimbursement rights. The revised ordinance was adopted by the Board on December 8, 2005.

Under County Code Chapter Section 2.76.046, the Director has the authority to reduce patient account liabilities by the greater of i) \$15,000, or ii) \$75,000 or 50% of the account balance, whichever is less. Any reduction exceeding the Director's authority requires Board approval.

The compromise of these accounts is not within the Director's authority, so the Director is requesting Board approval of these compromises.

**CONTRACTING PROCESS:**

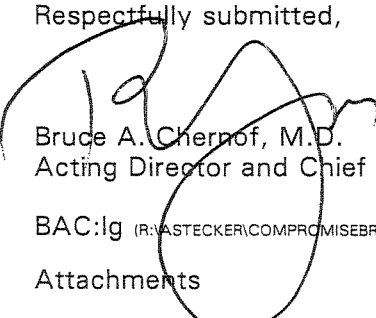
Not applicable.

**IMPACT ON CURRENT SERVICES (OR PROJECTS):**

All payments received will replenish the Los Angeles County Trauma Fund.

When approved, DHS requires three signed copies of the Board's action.

Respectfully submitted,



Bruce A. Chernof, M.D.  
Acting Director and Chief Medical Officer

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Attachments

- c. Chief Administrative Officer
- County Counsel
- Executive Officer, Board of Supervisors

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 1  
DATE: February 2, 2006

<b>Total Charges</b> (Providing Facility)	\$80,957	<b>Account Number</b>	EMS 23
<b>Amount Paid to Providing Facility</b>	\$28,300	<b>Service Type</b>	Inpatient
<b>Compromise Amount Offered</b>	\$28,300 *	<b>Date of Service</b>	7/4/2004 - 7/15/2004
		<b>% of Payment Recovered</b>	100%

## JUSTIFICATION

This patient was involved in an automobile versus automobile accident. As a result of this accident, the patient was treated at Holy Cross Medical Center and incurred total inpatient charges of \$80,957 for medical services rendered. The facility has received payment from the Los Angeles County Trauma Fund in the amount of \$28,300. The patient's third-party claim has been settled for \$100,000 and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement (\$100,000)</b>
<b>Attorney fees</b>	\$33,333	\$33,333	33.3%
<b>Attorney Cost</b>	\$6,346	\$721	.7%
<b>Los Angeles County</b>	\$80,957	\$28,300 *	28.3%
<b>Other Lien Holders</b>	\$9,342	\$7,485	7.5%
<b>Patient</b>		\$30,161	30.2%
<b>Total</b>		\$100,000	100%

As stated in the Non-County Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

\* Represents 100% of the amount LA County paid to Holy Cross Medical Center from the Los Angeles County Trauma Fund. All payments received will replenish the Trauma Fund.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 2  
DATE: February 2, 2006

<b>Total Charges</b> (Providing Facility)	\$57,524	<b>Account Number</b>	EMS 27
<b>Amount Paid to Providing Facility</b>	\$10,164	<b>Service Type</b>	Inpatient
<b>Compromise Amount Offered</b>	\$20,000 *	<b>Date of Service</b>	01/6/2004 - 01/9/2004
		<b>% of Payment Recovered</b>	197%

## JUSTIFICATION

This patient was involved in an automobile versus automobile accident. As a result of this accident, the patient was treated at Holy Cross Medical Center and incurred total inpatient charges of \$57,524 for medical services rendered. The facility has received payment from the Los Angeles County Trauma Fund in the amount of \$10,164. The patient's third-party claim has been settled for \$475,000 and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement (\$475,000)</b>
<b>Attorney fees</b>	\$156,666	\$156,566	33.0%
<b>Attorney Cost</b>	\$3,000	\$2,861	.6%
<b>Los Angeles County</b>	\$57,524	\$20,000 *	4.2%
<b>Other Lien Holders</b>	\$6,498	\$6,498	1.4%
<b>Patient</b>		\$288,975	60.8%
<b>Total</b>		\$475,000	100%

As stated in the Non-County Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

\* Represents 197% of the amount LA County paid to Holy Cross Medical Center from the Los Angeles County Trauma Fund. All payments received will replenish the Trauma Fund.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 3  
DATE: February 2, 2006

<b>Total Charges</b> (Providing Facility)	\$46,709	<b>Account Number</b>	EMS 37
<b>Amount Paid to Providing Facility</b>	\$14,399	<b>Service Type</b>	Inpatient
<b>Compromise Amount Offered</b>	\$14,399 *	<b>Date of Service</b>	12/2/2003 - 12/9/2003
		<b>% of Payment Recovered</b>	100%

### JUSTIFICATION

This patient was involved in an automobile versus automobile accident. As a result of this accident, the patient was treated at Long Beach Memorial Medical Center and incurred total inpatient charges of \$46,709 for medical services rendered. The facility has received payment from the Los Angeles County Trauma Fund in the amount of \$14,399. The patient's third-party claim has been settled for \$100,000 and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement (\$100,000)</b>
<b>Attorney fees</b>	\$33,300	\$20,000	20.0%
<b>Attorney Cost</b>	\$500	\$500	.5%
<b>Los Angeles County</b>	\$46,709	\$14,399*	21.7%
<b>Other Lien Holders</b>	\$21,663	\$21,663	14.4%
<b>Patient</b>		\$43,438	43.4%
<b>Total</b>		\$100,000	100%

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

\* Represents 100% of the amount LA County paid to Long Beach Memorial Medical Center from the Los Angeles County Trauma Fund. All payments received will replenish the Trauma Fund.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 4  
DATE: February 2, 2006

<b>Total Charges</b> (Providing Facility)	\$41,926	<b>Account Number</b>	EMS 36
<b>Amount Paid to Providing Facility</b>	\$12,089	<b>Service Type</b>	Inpatient
<b>Compromise Amount Offered</b>	\$12,089 *	<b>Date of Service</b>	12/2/2003 - 12/6/2003
		<b>% of Payment Recovered</b>	100%

### JUSTIFICATION

This patient was involved in an automobile versus automobile accident. As a result of this accident, the patient was treated at Long Beach Memorial Medical Center and incurred total inpatient charges of \$46,709 for medical services rendered. The facility has received payment from the Los Angeles County Trauma Fund in the amount of \$12,089. The patient's third-party claim has been settled for \$100,000 and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement (\$100,000)</b>
<b>Attorney fees</b>	\$33,300	\$20,000	20.0%
<b>Attorney Cost</b>	\$513	\$513	.5%
<b>Los Angeles County</b>	\$41,926	\$12,089*	12.1%
<b>Other Lien Holders</b>	\$22,162	\$22,162	22.2%
<b>Patient</b>		\$45,236	45.2%
<b>Total</b>		\$100,000	100%

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

\* Represents 100% of the amount LA County paid to Long Beach Memorial Medical Center from the Los Angeles County Trauma Fund. All payments received will replenish the Trauma Fund.

**DATA FOR COMPROMISE SETTLEMENT****COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES****TRANSMITTAL No. 5  
DATE: February 2, 2006**

<b>Total Charges</b> (Providing Facility)	\$19,196	<b>Account Number</b>	EMS 33
<b>Amount Paid to Providing Facility</b>	\$1,960	<b>Service Type</b>	Inpatient
<b>Compromise Amount Offered</b>	\$1,960 *	<b>Date of Service</b>	01/10/2003 - 01/11/2003
		<b>% of Payment Recovered</b>	100%

**JUSTIFICATION**

This patient was involved in an automobile versus automobile accident. As a result of this accident, the patient was treated at St. Francis Medical Center and incurred total inpatient charges of \$19,196 for medical services rendered. The facility has received payment from the Los Angeles County Trauma Fund in the amount of \$1,960. The patient's third-party claim has been settled for \$15,000 and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement (\$15,000)</b>
<b>Attorney fees</b>	\$6,300	\$6,000	40.0%
<b>Attorney Cost</b>	\$649	\$649	4.3%
<b>Los Angeles County</b>	\$19,196	\$1,960 *	13.1%
<b>Patient</b>		\$6,391	42.6%
<b>Total</b>		\$15,000	100%

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

\* Represents 100% of the amount LA County paid to St. Francis Medical Center from the Los Angeles County Trauma Fund. All payments received will replenish the Trauma Fund.